

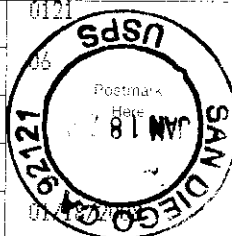
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 3020 1519

MARION OH 43302	
Postage	\$ 1.65
Certified Fee	\$ 2.65
Return Receipt Fee (Endorsement Required)	\$ 2.15
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.45

Sent To **Senco Products, Inc.**
National Registered Agents Inc
 Street, Apt. No. **145 Baker Street**
 or PO Box No.
 City, State, ZIP+4 **Marion, Ohio 43302**

PS Form 3800, January 2001 See Reverse for Instructions



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

7001 0320 0004 3020 1519

4a. Article Number

Senco Products, Inc.

National Registered Agents, Inc.

145 Baker Street

Marion, OH 43302

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

225 JAN

5. Received By: (Print Name)

145 BAKER STREET

6. Signature (Print Name of Agent)

MARION, OH 43302

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt